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If continuation sheet 1 of 5

Divisio	n of Health Se	rvice Re	egulation			FORM	APPROVED	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A BUILDING: 01							X3) DATE SURVEY	
				A. BUILDIN	IG: 01	: COM	PLETED	
			FCL092149	B. WING _		07	02/2015	
NAME OF	PROVIDER OR S	UPPLIER	STREET A	DDRESS, CITY	, STATE, ZIP CODE	011	0272015	
СОММО	ON GROUND A	T RIVER	KNOLL 1616 RIV	ER KNOLL	DRIVE			
(X4) ID	SLIM	ALBY STA	RALEIGH TEMENT OF DEFICIENCIES	1, NC 2761				
PREFIX TAG	(EACH DE	FICIENCY	MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	COMPLETE DATE	
C 000	Initial Comm	ents		C 000				
	This report i	s of a bi Getche	ennial construction survey ill on July 2, 2015.				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	This facility	: was first	licensed as a Family Care	ľ	CONSTRUCTORS	CHON		
	Home for six	k (6) am	bulatory residents (able to		in 23 201	3		
	verbal assist	d respoi	nd without any physical or ring a fire or other					
	emergency)	on April	4, 2009. Based on this we		RECEIVE	ED.	2%	
	the 2005 " F	Rules 10	ne to be in compliance with A NCAC 13G for the				1.	
	Licensing of	Family (	Care Homes ", and, the 2009	ļ				
	421.2 - Resi	dential C	Building Code, Section are Homes.					
	Deficiencies plan of corre	were no ction.	ted which will require a new					
C 110	Construction	-Basem	ent, Attic	C 110				
	CONSTRUC	3G .030 TION ement a	2 DESIGN AND not the attic shall not to be		items have been romoved from the	ا ده	7/4/19	
	This Rule is 1. Based on maintained s	observa	as evidenced by: tion, the attic was not		attic. Adm will the	cle		
	Findings inclu There are iter		g stored in the attic		nothing is placed .			
C 149	Outside Entra	inces/Ex	its-Handrails At Porches	C 149				
	AND EXITS	G .0312	OUTSIDE ENTRANCE					
ĺ	(f) All steps,	porches	, stoops and ramps shall be					
sion of He	alth Service Regu	lation	ALUMA III AKAMA					
PARION	LINEUTUKS OR I	HUVIDER	SUPPLIER REPRESENTATIVE'S SIGN	ATURE DON	LIBARS TITLE O WON	0	(6) DATE 7 27	

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OTATION OF	of Health Service R				FORM	APPROVED
AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION G: 01	(X3) DATE SURVEY COMPLETED	
		FCL092149	B. WING		07/	02/2015
NAME OF PR	ROVIDER OR SUPPLIER	STREETAL	DRESS, CITY,	STATE, ZIP CODE	011	02/2010
COMMON	GROUND AT RIVER	RALEIGH	ER KNOLL I I, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	SBE	(X5) COMPLETE DATE
F aa bio c	his Rule is not me Based on observere not maintained Indings include: Some of the spirite warped and con A section of the loose at the right en	rails and guardrails. et as evidenced by: vation, the exterior handrails d safe. addles on the front handrails ning loose. back deck railing has come	C 149	spinder have been hamn in hack section has be tightened.  will flu as needed for neurous.	2	7/5/16
S 10 TI sh	he laundry equipm	HE BUILDING 13 LAUNDRY ROOM ent in a family care home of the living, dining, and	C 151			-
Fii Th	ndings include: ne backdraft damp	ation, the clothes dryer intained operable. But on the clothes dryer ged with lint and coming		back damper has keen replaced a seased. I shows are drying we problem	0	7/7/15
(a) sm to (b) (c)	A NCAC 13G .031 All floors in a far nooth, non-skid mabe easily cleanable Scatter or throw	nily care home shall be of terial and so constructed as	C 152	from tites has been replaced + will'h	2	7 7 15

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DIVIDIO	of Health Service F				FORM APPROVE
AND PLAN	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	PLE CONSTRUCTION G: 01	(X3) DATE SURVEY COMPLETED
		FCL092149	B. WING		07/02/2015
NAME OF	PROVIDER OR SUPPLIER	STREET A	DORESS, CITY	STATE, ZIP CODE	0770272010
соммо	N GROUND AT RIVE		ER KNOLL		
OLO ID	04 11 11 11 11 11 11		H, NC 27610	)	
(X4) ID PREFIX TAG	I (EACH DEFICIENCE)	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUL (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DIRE COMPLETE
C 152	Continued From p	age 2	C 152		
	Based on obser maintained safe.  Findings include:	et as evidenced by: rvation, the floors were not is damaged in the following		gloons hareleen replaced (tires)	7/7/15
	SECTION .0300 - 1 10A NCAC 13G .03 FURNISHINGS (a) Each family ca (1) have walls, cei coverings kept clea (2) have no chroni (3) have furniture	Furnishings-Clean, Repaired THE BUILDING 15 HOUSEKEEPING AND	C 153		
	Findings include:	ration, the bedroom t maintained in good repair.  droom the chest of drawers		handes replaced of tightened	7/5/15
	Fire Extinguishers SECTION .0300 - TI	HE BUILDING 16 FIRE SAFETY AND	C 168		
(	DISASTER PLAN (a) Fire extinguishe	ers shall be provided which n requirements in a family	İ		

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_Divisior	FORWIMPPROVED					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIN	PLE CONSTRUCTION G: 01	(X3) DATE SURVEY COMPLETED	
NAME OF	07/02/2015					
СОММО	N GROUND AT RIVER	4.0.4 ( )	ER KNOLL	STATE, ZIP CODE DRIVE		- 1
		RALEIGH	I, NC 27610	)		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(XS) COMPLETE DATE
C 168	Continued From pag	je 3	C 168			
	care home: (1) one five pound type centrally located (2) one five pound type located in the ki (3) any other locatic enforcement official.  This Rule is not met 1. Based on observe protection equipment safe manner. This would having fire protection that is an emergency of the inspection tags of the contract of the inspection tags of the contract of the inspection tags of the contract of the cont	or larger (net charge) "A-B-C" d; d; or larger "A-B-C" or CO/2 tchen; and on as determined by the code as evidenced by: ation, the building fire t was not maintained in a rould affect all residents by ation equipment operable for the fire extinguishers monthly checks are not		Administration will a monthly reviews as noted. This has be put in as a monthly duty of Administrate	ean	1/2/15
C 174		faintained Safe, Operating	C 174			
	EQUIPMENT (a) The building and mechanical, and plum care home shall be moperating condition.	E BUILDING 7 BUILDING SERVICE all fire safety, electrical, abing equipment in a family alintained in a safe and apply to new and existing	T T T T T T T T T T T T T T T T T T T			
	This Rule is not met:  1. Based on observate components were not condition.	tion, the exterior building				
	Findings include: On the left side of the	house the soffit is coming				

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Division	of Health Service R	egulation			FORM	APPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  FCL092149		(X2) MULTIF A. BUILDING	(X3) DATE SURVEY COMPLETED			
		B. WING			07/02/2015	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	ORESS, CITY,	STATE, ZIP CODE	0770	2/2015
СОММО	N GROUND AT RIVE	R KNOLL 1616 RIV	ER KNOLL I	DRIVE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEPICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 174	Continued From pa	ge 4	C 174	Softt has been repor	heal	1/2/12
-	components were r having doors that d latch. This could at	vation, the interior building not maintained operable by id not close completely and fect a residents privacy.				
	b) Front left residen and will not close ar	om bathroom door has a loose t bedroom door scrubs frame ad latch,		door knob tighters door share sanded down you smooth tro	d usinon	اداد
	was not maintained Findings include:				l i	
	In the left staff bedro the cover plate.	oom a duplex outlet is missing		added to specified outlest. all other outcomes checked for	nex	
				covers checked to		
				coverage.		
			-			
n of Heal	th Service Regulation					
FORM	C	Pares lower.	7/2	7/15	Continuetion	sheet 5 of 5